



# Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536  
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Idaho State Pharmacy Closure Application Procedures for Closing a Pharmacy

The following requirements must be met with submission of the proper forms;

Per IDAPA 27.01.01.230.06 - Permanent Closing. A registrant must notify the Board and the general public of the pharmacy's permanent closing at least ten (10) days prior to closing. The notice must include the proposed date of closure and the new location of the prescription files. The closing inventory record of controlled substances must be retained. (7-1-18). The notice must include;

- a. The name and address of the pharmacy to be sold or closed;
- b. The date of sale or closure;
- c. The name and address of the business acquiring the prescription inventory; and
- d. The name and address of the pharmacy acquiring the prescription files and patient profiles in compliance with the records retention requirement.

### Step 1 of 2: Notification of Pharmacy Closure to the Board

To be completed Ten (10) days prior to closing;

- Complete the Notification of Closure form, sign and date, then send to the Board office via fax 208-334-3536 or email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov)
  - All pharmacists and Pharmacy Technicians must notify the Board of Pharmacy
  - Go to <https://idbop.mylicense.com/eGov/Login.aspx>, Login and refer to the menu on the left for areas to update.

### Step 2 of 2: Person in Charge Attestation

To be completed upon closure of the pharmacy;

- Complete the Person in Charge - Attestation form, sign and date, then send to the Board office via fax 208-334-3536 or email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) .
- Send the following to the DEA;
  - Copy of the completed Pharmacy Closure Application
  - Copy #2 of any DEA 222 forms used to transfer CII drugs from the closed pharmacy
  - DEA registration certificates and unused 222 forms (mark all forms VOID) must be returned to DEA

Drug Enforcement Administration  
400 Second Ave W  
Seattle WA 98119  
Ph#: 888.219.4261  
Fax#: 206.553.7757



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1. A copy of the inventory of the controlled substances must be maintained with the records of each licensee.
2. Drugs to be destroyed must be transferred in the same manner as all other drugs.
3. No one except the responsible pharmacist shall have access to the prescription drugs until they are transferred to the new owner. Once the pharmacy is closed and the registrations surrendered, the drugs must be removed from the premises.
4. Drugs shall be transferred in accordance with the following procedures:
  - a. Return prescription drugs to manufacturer or supplier for credit or disposal.
  - b. Transfer (sell or give) to a person who is entitled to possess drugs, i.e., physician, hospital, or other pharmacy.

NOTE: Controlled substances must be transferred to a person who is in possession of a current DEA registration. Drugs must be inventoried and transferred on an invoice record. In the case of CII controlled substances the only acceptable invoice is the DEA Form 222. The pharmacy that is closing would be the 'supplier'. The pharmacy or person to whom the CII's are transferred to would be the 'purchaser'.

Purchaser must use their DEA 222 forms to 'order' the CII's from the closed pharmacy. Purchaser enters the name and address of the closed pharmacy in the blanks provided at the top of the 222 form for the name and address of the supplier.

The owner or person having the power of attorney for the purchaser signs the form and issues copies 1 and 2 to the pharmacy that is closing. Purchaser retains copy 3 of the 222 form.

If full bottles of CII drugs are transferred, the purchaser writes the number of bottles in the column marked 'number of packages' and writes the size of the package in the column marked 'size of package'.

If partial bottles of CII drugs are transferred, the purchaser should leave blank the column marked 'number of packages' and complete the column marked 'size of package' with the EXACT number of tablets, capsules, etc., that are transferred. The count of the CII drugs may NOT be estimated.

The authorized agent for the closed pharmacy enters their DEA registration number, the number of packages transferred on the left hand side of the 222 form in the space marked 'to be filled in by supplier'; the NDC (National Drug Code) number of the transferred drug may be omitted.

5. All statistical information pertaining to prescription orders, drug records, and other information pertaining to the pharmacy operation shall be furnished to the Board upon request.



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## Idaho In-State Pharmacy Closure Application Step 1 of 2: Notification of Closure No Fee

**Complete this section 10 days prior to the closing of the pharmacy**

Type of Idaho Pharmacy:  Retail  Institutional  Limited Service

Effective Date of Closure: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_ Pharmacy DEA #: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Pharmacist in Charge: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Pharmacy acquiring prescription inventory: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Pharmacy acquiring prescription files & patient profiles:  Same as above  Different, indicate below:

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>	
Sent To Inspector: _____	Initials: _____



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## Idaho In-State Pharmacy Closure Application Step 2 of 2: Person in charge – Attestation No Fee

**Complete this section once the pharmacy has officially closed**

Type of Idaho Pharmacy:  Retail  Institutional  Limited Service

Effective Date of Closure: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_ Pharmacy DEA #: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Pharmacist in Charge: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_ attest that the Procedures for Closing a pharmacy indicated on the Required Documents page were completed and the above stated pharmacy closed on \_\_\_\_\_.

Signature of Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:	Sent To Inspector: _____	Initials: _____
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